

# COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

CONFIDENTIAL CLIENT INFORMATION SEE CALIFORNIA WELFARE AND INSTITUTION CODE 5328



## Open Inpatient Episode

<b>Inpatient</b>		<b>CLIENT I.D.#</b>	
Last Name:			
First Name:		Middle:	
Admit Date:		Procedure Code:	
Referral In Code:			
Referral In Reporting Unit:			
Intent of Service:	<input type="checkbox"/> Assessment <input type="checkbox"/> Improvement <input type="checkbox"/> Maintenance		
Primary Problem Area:			
Ward No:		Patient File #:	
Legal Status:		Dev. Dis: Yes	<input type="checkbox"/> No <input type="checkbox"/>
Treatment Authorization for Minor:			
Other Factors:	Physical? Yes <input type="checkbox"/> No <input type="checkbox"/> DD? Yes <input type="checkbox"/> No <input type="checkbox"/> Dual Diagnosis		
Admission Necessity Code:			

### DIAGNOSIS

AXIS I	AXIS II	AXIS III	AXIS IV	AXIS V
			<input type="checkbox"/> 1. Primary Support Group	GAF/CGAS
			<input type="checkbox"/> 2. Social Environment	
			<input type="checkbox"/> 3. Educational	
			<input type="checkbox"/> 4. Occupational	
			<input type="checkbox"/> 5. Housing	
			<input type="checkbox"/> 6. Economic	
			<input type="checkbox"/> 7. Access to Health Care	
			<input type="checkbox"/> 8. Interaction with Legal System	
Primary:			<input type="checkbox"/> 9. Other Psychological/Environmental	
Secondary:			<input type="checkbox"/> 10. Inadequate Information	

Provider Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_